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Bib Data Sheet

CONFIRMATION NO. 7392

<b>SERIAL NUMBER</b> 10/820,479	<b>FILING OR 371(c) DATE</b> 03/31/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 60019190-1038
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**APPLICANTS**

David W. Moskowitz, St. Louis, MO;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/463,437 04/17/2003 and claims benefit of 60/465,908 04/25/2003  
 and claims benefit of 60/473,262 05/27/2003  
 and claims benefit of 60/477,387 06/11/2003  
 and claims benefit of 60/482,553 06/26/2003  
 and claims benefit of 60/500,933 09/08/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 06/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 8
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**  
 27128

**TITLE**

Use of angiotensin receptor blockers (ARBs) to treat diseases associated with excess ACE

<b>FILING FEE RECEIVED</b> 665	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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